

WHAT IS SLE?

- Systemic lupus erythematosus (also called SLE or lupus) is a chronic inflammatory disease of an autoimmune nature that can affect the skin, joints, kidneys, lungs, nervous system, and/or other organs of the body.
- The word “systemic” means the disease can affect many parts of the body, while “lupus” is the Latin word for “wolf” (so called because a French doctor in the 19th century likened the facial rash to the bites of a wolf).
- The most common symptoms include skin rashes and arthritis, accompanied by fatigue and fever. The clinical course of SLE varies from mild to severe, and typically involves alternating periods of remission and relapse.



Figure 1 A butterfly rash is a sign of lupus

TYPES OF SLE

◇ Systemic lupus erythematosus (SLE)

Most people refer to when they say “lupus”. The symptoms of SLE may be mild or serious. Although SLE usually first affects people between the ages of 15 and 45, it can occur in childhood or later in life as well.

◇ Discoid lupus erythematosus (DLE)

A chronic skin disorder in which a red, raised rash appears on the face, scalp, or elsewhere. The raised areas may become thick and scaly and may cause scarring. The rash may last for days or years and may recur. A small percentage of people with discoid lupus have or develop SLE later.

◇ Neonatal lupus

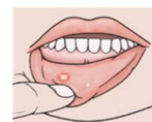
A rare disorder that can occur in newborn babies. Scientists suspect that neonatal lupus is caused by auto-antibodies in the mother’s blood called anti-Ro (SSA) and anti-La (SSB) which are blood proteins that act against the body’s own parts. At birth, the babies have a skin rash, liver problems, and low blood counts. These symptoms gradually go away over several months, although in rare cases, babies with neonatal lupus may have a heart problem that slows down the natural rhythm of the heart.

WHAT CAUSES SLE?

- ◆ SLE is an autoimmune disorder that develops when the body's immune system begins to attack its own tissues.
- ◆ Its cause is unknown, but it is likely that a combination of genetic, environmental, and, possibly, hormonal factors work together to cause SLE.
- ◆ This occurs through the production of "auto-antibodies" that attack a person's own cells thus contributing to the inflammation of various parts of the body, and may cause damage to organs and tissues.
- ◆ The most common type of auto-antibody that develops in people with SLE is called an anti-nuclear antibody (ANA) because it reacts with parts of the cell's nucleus (command centre).

CLINICAL FEATURES OF SLE

- * Fever, fatigue, and weight loss
- * Arthritis, involving multiple joints for several weeks
- * Butterfly-shaped rash over the cheeks or other rashes
- * Skin rash appearing in areas exposed to the sun
- * Sores in the mouth or nose for more than a month
- * Loss of hair, sometimes in spots or around the hairline
- * Seizures, strokes and mental disorders
- * Blood clots in different locations
- * Miscarriages in some patients
- * Blood or protein in the urine or tests that suggest poor kidney function
- * Low blood counts (anaemia, low white blood cells or low platelets)



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DISEASE MANAGEMENT

In general	Hydroxychloroquines
Additional therapy	
Mild Lupus Manifestations (eg, skin, joint and mucosal involvement)	Hydroxychloroquines, with/without NSAIDs, and/or short term use of low-dose glucocorticoids (eg, <7.5 mg/day Prednisolone)
Moderate Lupus Involvement (non-organ threatening disease, eg constitutional, cutaneous, musculoskeletal or hematologic)	Hydroxychloroquines + short-term therapy 5 – 15 mg Prednisolone daily + a steroid-sparing immunosuppressive agent (eg Azathioprine or Methotrexate)
Severe or life-threatening manifestations secondary to major organ involvement (eg renal and CNS)	Short-term high doses of systemic glucocorticoids (eg IV Methylprednisolone, 0.5 – 1 g/day for three days in acute patients or 1 – 2 mg/kg/day in stable patients) with/without other immunosuppressive agents (eg Mycophenolate, Azathioprine, Cyclophosphamide or Rituximab)
Other therapies	
Reserved for patients with SLE resistant to more well-established therapeutic approaches	Belimumab and Rituximab

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